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No. of Pages: 22 (including cover)
Date: September 29, 2003

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Message:

Re: U.S. Patent Application No. 09/902,736
Title: SECRETED AND TRANSMEMBRANE POLYPEPTIDES AND
NUCLEIC ACIDS ENCODING THE SAME
Filed: July 10, 2001
Genentech Reference No.: P1618P2C45
Our Reference No.: 39780-1618P2C45

Document3
9/29/03 12:58 PM ()

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Heller Ehrman White & McAuliffe LLP www.hewm.com

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THE UNITED STATES PATENT AND TRADEMARK OFFICE
ACKNOWLEDGMENT AND RECEIPT FOR FILING

APPLICANT(S): Ashkenazi, et al. SERIAL NO.: 09/902,736
FILED: July 10, 2001 EXAMINER: Kemmerer, Elizabeth
FOR: SECRETED AND TRANSMEMBRANE POLYPEPTIDES AND
NUCLEIC ACIDS ENCODING THE SAME

- ☒ Transmittal;
- ☒ Amendment and Response to Office Action;
- ☒ Supplemental IDS;
- ☒ Supplemental PTO Form 1449 with one (1) cited reference;
- ☒ Authorization to charge Deposit Account No. 08-1641 in
of \$180 for Supplemental IDS/PTO Form 1449 filing fee.

Attorney Docket No.: 39780-1618P2C45
Date: May 27, 2003
GRD/car


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CUSTOMER USE ONLY FROM: (PLEASE PRINT) HELEN EHRMAN WHITE & MCAULIFFE ATTN: PATENT & TRADEMARK GROUP 275 MIDDLEFIELD RD MENLO PARK CA 94025-3506 GRD/CAR 39780-1618P2C45		TO: (PLEASE PRINT) MAIL STOP NO FEE Amendment COMMISSIONER FOR PATENTS PO BOX 1450 ALEXANDRIA VA 22313-1450		FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com	

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicant: Ashkenazi et al. Docket No.: 39780-1618P2C45
 Serial No.: 09/902,736 Group Art Unit: 1646
 Filing Date: July 10, 2001 Examiner: Kemmerer, Elizabeth
 For: **SECRETED AND TRANSMEMBRANE POLYPEPTIDES AND NUCLEIC
 ACIDS ENCODING THE SAME**

MAIL STOP: No-Fee Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

TRANSMITTAL

- ☒ Transmitted herewith are the following documents for the above-referenced application:
- ☒ Amendment and Response to Office Action;
 - ☒ Supplemental Information Disclosure Statement;
 - ☒ Supplemental PTO Form 1449 with one (1) cited reference;
 - ☒ Authorization to charge Deposit Account No. 08-1641 in the amount of \$180 for the filing fee for the Supplemental IDS/PTO Form 1449.

STATUS

- ☒ Applicant is
- ☐ a small entity
 - ☒ other than a small entity.

EXTENSION OF TIME

- ☐ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 410.00	\$205.00
<input type="checkbox"/> three months	\$ 930.00	\$465.00
<input type="checkbox"/> four months	\$1,445.00	\$725.00

Fee \$ _____

- ☐ Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING (37 CFR 1.10(a))

CERTIFICATE OF MAILING BY "EXPRESS MAIL" - Rule 10: I hereby certify that this correspondence is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" under 37 CFR 1.10 as Express Mail No. EV346728062US addressed to: Mail Stop: No-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: May 27, 2003

Cheryl Rogers
 Cheryl Ann Rogers

FEE FOR CLAIMS

☐ If an additional extension of time is required please consider this a petition therefor.

☐ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

☐ The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OR	OTHER THAN A SMALL ENTITY		
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	Rate	Addit. Fee	
Total *	Minus *0*	20 =	0	x9=	\$	x18=	\$
Indep. *	Minus *0*	3 =		x40=	\$	x80=	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+130=	\$	x260=	\$	
			TOTAL ADDIT. FEE	\$	OR	TOTAL ADDIT. FEE	\$

☒ No additional fee for claims required.

☐ Total additional fee for claims required \$ _____

FEE PAYMENT

☐ Attached is a check in the sum of \$ _____ for additional claims fee.


☒ Charge Account No. 08-1641 the sum of \$180.00 for Supplemental IDS/PTO Form 1449 filing fee.

FEE DEFICIENCY

☒ In the event that: a) no check to cover the filing fee is enclosed, b) any above-referenced check is inadvertently omitted or lost, or c) any enclosed check is in an amount less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 08-1641. A duplicate of this authorization is enclosed for that purpose.

☒ Attached is a postcard for date-stamped return as confirmation of receipt of these materials.

Date: May 27, 2003


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